

**Virginia Department of Health  
Safety Seat Distribution and Education Program**

**Proxy Permission Request Form**

I / We (Print Your Name) \_\_\_\_\_ ,  
understand that the training on proper use and installation of child safety seats is a requirement  
for receiving a safety seat from this program. However, I am unable to attend the mandatory  
training because of the following reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Due to this reason, I am requesting that the following individual (proxy) attend the training in  
my behalf (Print Name) \_\_\_\_\_. I agree to inform the  
above named individual who will be attending the training that they must bring proof of  
identification the day of the training.

I understand that the proxy will be held responsible for relaying the educational information to  
me. I agree to hold harmless the Commonwealth of Virginia, sponsoring organizations and  
volunteers from any and all liability and damages for injuries including death arising from or  
growing out of the child safety seat itself, the information received pertaining to child occupant  
protection, the means and manner of installation, the operation of the vehicle or vehicles of  
others, and any other acts or omissions that may result in harm to person or property.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand best practice according to the American Academy of Pediatrics recommend  
keeping a child rear-facing for as long as the safety seat allows, a child in a forward-facing seat  
with harnesses for as long as the seat allows, and to use a booster seat for as long as the booster  
seat allows.

**Applicant Initials: Yes**\_\_\_\_\_ **No**\_\_\_\_\_

I understand best practice warns against the use of second-hand seats. In an effort to protect  
other children from injury that may be caused by use of a second-hand seat, clients are not  
allowed to sell any seat issued to them by this program. Violation of this policy may require  
clients to reimburse the program for the cost of the safety seat.

**Applicant Initials: Yes**\_\_\_\_\_ **No**\_\_\_\_\_

-----  
*LISSDEP Site Educator Signature of Approval:*

\_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Print Name:* \_\_\_\_\_